PART B - FEE(S) TRANSMITTAL

Complete and social			or <u>Fax</u>	(703) 746-4000	or Patents ginia 22313-1450		
INSTRUCTIONS: This for apply thate. All further cor indicate dupless so rected to maintenance the notification	m should be used for tran respondence including the selow or directed otherwise is.	Patent, advance of in Block 1, by (a	JE FEE and PUBL rders and notification a) specifying a new	ICATION FEE (if request on of maintenance fees correspondence address	nired). Blocks 1 through 5 will be mailed to the currer ; and/or (b) indicating a sep	should be completed where at correspondence address as parate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 23389 7590 03/08/2005 SCULLY SCOTT MURPHY & PRESSER, PC				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
400 GARDEN CITY PLAZA SUITE 300 GARDEN CITY, NY 11530				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.			
06/10/2005 HGUTEMA2 00000057 10635951				Frank S. Di	Giglio	(Depositor's name)	
1 FC:1501 1400.00 OP 2 FC:1504 300.00 OP				June 7, 200	5 XIA	(Signature)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVI	ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
TITLE OF INVENTION: M APPLN. TYPE	SMALL ENTITY	ISSUE F		AND INFECTIOUS CO	NDITIONS TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	0	\$300	\$1700	06/08/2005	
EXAMINER		ART UNIT		CLASS-SUBCLASS	1 .		
HENRY, MICHAEL C		1623	•	514-023000	J	•	
"Fee Address" indicati PTO/SB/47; Rev 03-02 o Number is required. 3. ASSIGNEE NAME AND	an assignee is identified be 37 CFR 3.11. Completion	e of a Customer E PRINTED ON 1 Elow, no assignee of this form is NO	the patent. If an assignee is identified below, the document has been filed for g an assignment.				
			•	TY and STATE OR CO	ŕ		
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed.						roup entity Government	
· · · · · · · · · · · · · · · · · · ·				dit card. Form PTO-2038 is attached.			
				Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Account Number 19-1013/5549 (enclose an extra copy of this form).			
5. Change in Entity Status (a. Applicant claims SN	from status indicated above MALL ENTITY status. See	37 CFR 1.27.			LL ENTITY status. See 37 (
			tion Fee (if any) or to d from anyone other Office.	o re-apply any previousl than the applicant; a regi	y paid issue fee to the applic stered attorney or agent; or	ation identified above. the assignee or other party in	
Authorized Signature				June 7, 2005			
Typed or printed name Frank S. DiGiglio			Registration No. 31,346				
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